



<b>Name:</b>	
<b>GOsC Student ID:</b>	

# Application for Registration with the General Osteopathic Council

## S3 Osteopaths Act 1993

Rule 4 of the (Application for Registration and Fees) Rules 2000.

This Application Form is designed to meet the Rules made pursuant to the *Osteopaths Act 1993* which state that an application for registration shall be in writing and on the forms specified by these Rules, and that sufficient information be provided to the Registrar so that an application for registration can be properly determined in accordance with the requirements of the *Osteopaths Act*. You **MUST** provide evidence that you have obtained a Recognised Qualification (RQ).

Accompanying this form are two further forms requesting references in support of your application - a health reference and a character reference. In order to process your application as speedily as possible you should ensure that these two reference forms are completed and returned to us without delay.

Applicants are reminded that any entry to the Register which is fraudulently procured will result in an investigation by the Registrar who will make a report to the General Council (GOsC). Any such fraudulently procured registration may result in your immediate suspension and ultimate removal from the Register and/or the initiation of criminal proceedings.

**NOTES ON COMPLETING THE FORM**

*If you do not provide evidence of holding an RQ, this will hold up the processing of your application.*

*Your character and health references must not be provided by the same person.*

*Please allow up to five working days for your application to be processed once all required documentation has been received.*

### Application for Registration Declaration

I declare that all information supplied in support of my application to register with the GOsC is, to the best of my knowledge, accurate and true. I understand that the Registrar may take steps to verify any information supplied by me in support of my application. I am aware that I may NOT practise as an osteopath in the UK until I have been accepted onto the Register.

Any unsigned form will be returned to the applicant.

Signed..... Date.....

## Data Protection

The GOsC will use the data provided by you on this form for the purposes of processing your application for registration with the GOsC, and for the purpose of complying with its statutory duties under the *Osteopaths Act 1993* to regulate the osteopathy profession.

The GOsC may share the data on this form with other bodies concerned with the regulation of health and social care, or law enforcement, including where the GOsC Registrar considers it necessary to do so for the protection of patients and the public, or considers that it is necessary to do so in the public interest.

The GOsC will also send you information to provide you with up to date information on the work of the General Osteopathic Council and to support you with the ongoing requirements for registration. We will also invite you to give your views on GOsC policy development and related matters.

From time to time the GOsC will also send you information from related organisations, that is relevant to you as a registered osteopath.

We also seek consent from osteopaths to be approached to take part in approved research activities which support the profession as follows (*this section is optional*):

- I agree to my published contact details from the Register being provided by the GOsC for use by NCOR approved researchers.

We also require your consent for email to be used in some circumstances to support our regulatory activities as follows (*this section is optional*):

- When my renewal of registration is due, I provide consent for GOsC to send electronic reminders to me.

### Data Protection Declaration

By signing and dating this form, you are declaring that you understand how the GOsC intends to process your data for the purposes specified above.

Any unsigned form will be returned to the applicant.

Signed..... Date.....

The GOsC is registered with the Information Commissioner. More details about our privacy policy can be found at: <https://www.osteopathy.org.uk/privacy/>.

Please check all printed information for accuracy and amend where necessary. Please note that you must provide an answer to all questions. Failure to do so could result in a delay in the processing of your application. Please use block capitals when completing this form.

## 1. PERSONAL INFORMATION

Professional name:	<input type="text"/>	Title	<input type="text"/>
Surname (if different):	<input type="text"/>		
First name:	<input type="text"/>		
Other names in full:	<input type="text"/>		

### Contact details:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Town:	<input type="text"/>
County:	<input type="text"/>
Postcode:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>

Telephone no:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Nationality:

Date of birth:

Gender:

## 2. PROFESSIONAL EDUCATION

Place of initial osteopathic education:

Title of primary osteopathic qualification:

Month and year qualification obtained:

<input type="text"/>
<input type="text"/>
<input type="text"/>

*As a requirement of registration, you MUST provide evidence of having a recognised qualification in osteopathy.*

## 3. HEALTH AND FITNESS

Do you have an ongoing medical condition, either physical or mental:

(a) which might affect your fitness to practise osteopathy, and/or Y/N

(b) which requires regular medical review and may affect your fitness to practise in the future? Y/N

If **Yes to any of the above**, please give details

<input type="text"/>
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*Please continue on a separate sheet if necessary.*

(c) I am registered with a General Medical Practitioner (GP) who will complete the Health reference and return it to the GOsC Y/N

*Please ensure that the enclosed Health reference form is completed.*

If you are not registered with a GP and cannot provide a health reference, please contact the Registration Department ([registration@osteopathy.org.uk](mailto:registration@osteopathy.org.uk)) to explain the circumstances which prevent you from obtaining a Health reference signed by your GP. The Registration Department will advise how to proceed with your application.

#### 4. CHARACTER AND PROFESSIONAL DISCIPLINARY RECORDS

(a) Have you applied previously for registration with the GOsC? Y/N

(b) Are you currently registered with any other regulatory body? Y/N

(c) Have you previously been registered with any other regulatory body? Y/N

If **Yes to (b) or (c)** please provide the following information on a separate sheet:

- Name of Register/ regulatory body
- Your name on Register/ regulatory body
- Registration number
- Date of registration
- Country of Register/ regulatory body
- Proof of registration ie link to name on Register/ regulatory body
- If no longer registered, proof from Register/ regulatory body of previous registration

(d) Have you ever had any \*disciplinary findings made against you in the UK or any other country? Y/N

If **Yes to (d)** please provide full details including the name of the body that made the finding, the date of the finding and the sanction imposed (if applicable)

*\*Disciplinary findings include findings made by a regulator, professional body, education body, tribunal or employer.*

*Please continue on a separate sheet if necessary.*

(e) Are you: (i) currently subject to any \*disciplinary investigations in the UK or any other country, and/or (ii) aware of any impending or future disciplinary investigations in the UK or any other country? Y/N

If **Yes to (e)** please provide full details

*Please continue on a separate sheet if necessary.*

**(f)** \*\*Have you ever been charged, bound over, or convicted, or received a caution, reprimand or warning for a criminal offence in the UK which is not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) or in any other country? Y/N

*\*\*Information on this question can be found in the 'Registering with the General Osteopathic Council' booklet under the heading Protected convictions and cautions.*

**(g)** Are you currently the subject of any police investigation or criminal proceedings in the UK or any other country? Y/N

If **Yes to (f) or (g)** please complete the following:

Your name(s) when the offence was committed

Date	Offence and country where committed	Sentence if any - please be specific
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please send in a supporting letter to explain the circumstances that led to the conviction, caution, reprimand or warning being issued.*

**(h)** Have you ever been a party to civil proceedings (including negligence claims) relating to any professional practice? Y/N

*Please continue on a separate sheet if necessary.*

If **Yes to the above**, please state the nature of these proceedings and whether any judgement was made against you:

*Please continue on a separate sheet if necessary.*

## Enhanced check for Regulated Activity:

As part of your registration, you are required to undergo an Enhanced check for Regulated Activity through the Disclosure and Barring Service (DBS). The GOsC uses the services of GBGroup plc which is registered with the DBS and administers Enhanced checks for Regulated Activity on our behalf. The GOsC requires written permission from applicants to share contact details with GBGroup plc.

**If you wish to use the services of GBGroup plc, please provide written permission to share your contact details with GBGroup plc. Email [registration@osteopathy.org.uk](mailto:registration@osteopathy.org.uk).**

GBGroup plc will send you an email with login details to the online verification system. For further information you should refer to the booklet 'Registering with the General Osteopathic Council'.

The check must be no more than six months old from the date of issue at the time of your application to join the Register.

Please tick one of the following:

- (a) I have applied for my Enhanced check for Regulated Activity through GBGroup plc
- (b) My Enhanced check for Regulated Activity was carried out by another organisation and I enclose the original certificate

*All practising osteopaths must carry adequate professional indemnity insurance.*

## 5. PROFESSIONAL INDEMNITY INSURANCE

I confirm that I will not start to practise as an osteopath, until I am registered and have professional indemnity insurance in place that meets the GOsC Professional Indemnity Insurance Rules. I will forward evidence of my insurance to the GOsC from the date that I begin to practise as an osteopath (please tick box)

*The GOsC monitors compliance with this requirement and may in due course seek evidence confirming you are insured.*

(a) Name of **intended** insurer:

(b) Have you ever been denied any professional indemnity insurance cover? Y/N

(c) Have you ever been subjected to an increased premium or been quoted any professional indemnity insurance on loaded terms? Y/N

(d) If you know why you were refused insurance arrangement or why your premium was loaded, please provide details below:

*It is your responsibility to make sure that you continue to hold continuous professional indemnity insurance cover at all times in the future and if your practising status should change eg you go non practising, you should contact the GOsC immediately so that your registration status can be updated on the Register and your insurance provider so that they can arrange run off cover insurance.*

## 6. ADDITIONAL INFORMATION

If you have any further information that you believe to be relevant to your application, or that you would like the Registrar to take into account, please send in a covering email/letter.

## 7. PAYMENT

Name:	
GOsC Student ID:	

The entry fee for joining the Register of the General Osteopathic Council is as follows:

**Entry fee:** £320.00

Payment of your entry fee can be made in full if paying by cheque or debit/credit card.

Please select an option below:

**A**  I enclose a cheque made payable to: the General Osteopathic Council

**B**  Please debit my credit/debit card. NB American Express not accepted

Start date if applicable:  Expiry date:  Issue no:

Card no.:

Security number (last 3 digits printed on reverse of card):

Signed:  Date:

**C**  Please set up a direct debit schedule for payment of the registration fee by using the direct debit mandate below. **If you choose to pay your entry fee by direct debit, please provide card details for an initial payment of £33 to be taken on entry to the Register. The remainder of the entry fee can be paid by direct debit over a maximum of 9 months.**

Payment will be collected on the 15<sup>th</sup> day of each month. Where the 15<sup>th</sup> falls on a weekend, the payment will be collected on the first working day following the weekend. The direct debit (DD) method of payment will incur an additional levy - the levies are as follows: Year 1 - £10; Year 2 practising - £15; Year 2 reduced rate - £10; Year 3 practising £20; Year 3 reduced rate - £10. The levy is based on administering the payments and the loss of interest for not having the fee paid in full. The DD scheme is available for UK bank accounts only.



Instruction to your Bank or Building Society to pay by Direct Debit

Originator's Identification Number

8	0	6	3	3	8
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Over (enter the number of payments) – max 9

Name(s) of Account

Branch Sort

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name and full postal address of your Bank or Building Society

To: The Manager

Bank or Building Society

Address

Postcode

**Instruction to your Bank or Building Society**  
Please pay The General Osteopathic Council Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction will remain with The General Osteopathic Council and details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

This guarantee should be detached and retained by the Payer



### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit the General Osteopathic Council (GOsC) will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the GOsC to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by the GOsC or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when the GOsC asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

# Osteopaths Act 1993 Section 3(2)(b)

## 8. EQUALITY AND DIVERSITY - *this section is optional*

The GOsC is committed to promoting and developing equality and diversity in all our work. We want to be sure that our policies and ways of working are fair and do not discriminate against individuals or groups. To help us to monitor the effectiveness of our policies and practices we ask you to complete the monitoring form. This information will be treated in the strictest confidence under the Data Protection Act 1998 and will be used to produce statistics to enable the GOsC to look at the diversity profile of our staff, registrants and others whom we work. Through this we can check a variety of processes to ensure equality and identify issues as they arise.

### Disability

Do you consider yourself disabled? Yes  No

*\*A disabled person is someone who has an impairment, experiences externally imposed barriers or self-identifies as a disabled person.*

### Ethnic origin

#### Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background, please specify \_\_\_\_\_

#### Black or Black British

- African
- Caribbean
- Any other Black background, please specify \_\_\_\_\_

#### Chinese or any other East Asian ethnic group

- Chinese
- Any other East Asian background, please specify \_\_\_\_\_

#### Mixed Ethnic background

- White and Asian
- White and Black
- White and Chinese
- Any other Mixed ethnic background, please specify \_\_\_\_\_

#### White or White British

- English
- Irish
- Scottish
- Welsh
- Any other White background, please specify \_\_\_\_\_

#### Religion/Belief

- |                                    |                                 |  |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Jewish | <input type="checkbox"/> None                        |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Sikh   | <input type="checkbox"/> Prefer not to say           |

#### Sexual orientation

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Bisexual          | <input type="checkbox"/> Gay Man      | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay Woman/Lesbian | <input type="checkbox"/> Heterosexual |  |